

# BIO-DATA

ACTION  
INFO.

MAR 30 1959

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## INTERNATIONAL SC. ON ADMINISTRATION

### BIOGRAPHICAL DATA

On Technical Cooperation Participants

UNIT 2

|               |                                |  |
|---------------|--------------------------------|--|
| DATE SENT     | TO BE COMPLETED BY U. S. O. M. |  |
| DATE RECEIVED | PIO/P NO.                      | ACTIVITY TITLE Management Productivity Team: Management Training and Education |
| ATTACHMENTS   | 31-27-104-1-90004              | COUNTRY  |
|               | Austria                        | FIELD OF ACTIVITY  |
|               | PROPOSED ARRIVAL DATE U. S.    | PROPOSED DURATION OF VISIT   |
|               | May/June 1959                  | 5-6 weeks  |

INSTRUCTIONS TO PARTICIPANTS: Prepare this form on a typewriter in English. In order to prevent delay and to assist in planning your program, answer every question clearly and completely. If more space is needed, use continuation sheet Page 3.

HERCZEG

### INFORMATION REGARDING PARTICIPANT

|  |                                 |                           |           |              |
|--|---------------------------------|---------------------------|-----------|--------------|
| 1. NAME (Last or Surname in capital letters) | (First)                         | CHARLES                   | (Middle)  | SEX (M or F) |
| HERCZEG                                      | HERZEG                          | Karl                      | Ladislaus | M            |
| 2. ADDRESS (Street)                          | (City or Town)                  | (Country)                 |           |              |
| Franz Kleingasse 1                           | Vienna 19.,                     | Austria                   |           |              |
| 3. BIRTH DATE (Day, Month, Year)             | 4. BIRTH PLACE (City & Country) | 5. COUNTRY OF CITIZENSHIP |           |              |
| 2 Feb 1924                                   | Fünfkirchen, Hungary            | Austria                   |           |              |

6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER

|        |                                  |               |                   |
|--------|----------------------------------|---------------|-------------------|
| SPOUSE | NAME                             | DATE OF BIRTH | PLACE OF BIRTH    |
| MOTHER | Gisela Herczeg, nee Gschwandtner | June 17, 1894 | Szászvar, Hungary |
| FATHER | Dr. Ing. Josef Herczeg           | Dec 7, 1886   | Homonna, Hungary  |
|        |                                  |               | OCCUPATION        |
|        |                                  |               | Mine Director     |

7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address and Relationship)

Dr. Ing. Josef Herczeg, Zedlitzgasse 11/10, Vienna 1., Austria - father

8. PERSON IN U. S. TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address and Relationship)

9. HAVE YOU EVER BEEN IN THE U. S.? IF SO, WHEN, WHERE, FOR HOW LONG AND FOR WHAT PURPOSE?  
1953/54 by invitation of Harvard University, Cambridge, Mass.

10. HAVE YOU EVER TRAVELED TO COUNTRIES OTHER THAN U. S., IF SO, WHEN, WHERE, AND FOR HOW LONG? (Include travel for educational purposes as well as pleasure)

in almost all European countries with exception of the Eastern iron curtain countries

11. HAVE YOU PARTICIPATED IN OR APPLIED FOR ANY OTHER U. S., U. N., OR PRIVATE TECHNICAL ASSISTANCE ACTIVITY? IF SO, SPECIFY:  
No

12. LIST MEMBERSHIP IN EDUCATIONAL, PROFESSIONAL, AGRICULTURAL, LABOR OR OTHER TYPES OF ORGANIZATIONS AND SOCIETIES OF A SIMILAR NATURE. IF YOU HOLD OFFICE IN ANY OF THESE ORGANIZATIONS, SPECIFY.  
Numerous scientific societies in Austria and abroad

13. OBJECT OF PROPOSED VISIT. BE SPECIFIC. INDICATE FIELD OF ENDEAVOR, CROP, PRODUCT, PROCESS, TECHNIQUE, ETC. TO BE OBSERVED, STUDIED, OR WORKED ON. E. G. MILK MARKETING ETC.

To study the measures taken in the US by the business community to train junior executives for management positions and for training present managers to become more effective.

DECLASSIFIED AND RELEASED BY

ICA-13-91 (7-55)

CENTRAL INTELLIGENCE AGENCY

SOURCES METHODS EXEMPT FORWARD TO ICA/W

NAZI WAR CRIMES DISCLOSURE ACT

DATE 2003 2005

3 APR 1959

N.D.  
APR 1959

## BIOGRAPHICAL DATA ON TECHNICAL COOPERATION PARTICIPANTS

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|                     |         |  |               |  |
|---------------------|---------|--|---------------|--|
| NAME OF PARTICIPANT | COUNTRY |  | DATE OF BIRTH |  |
| Karl HERCZEG        | Austria |  | Feb 2, 1924   |  |

14. EDUCATION: INCLUDE INFORMATION CONCERNING PREPARATORY OR SECONDARY SCHOOLS, UNIVERSITIES OR OTHER INSTITUTIONS OF EQUIVALENT RANKS, IF YOU ATTENDED A TRADE OR VOCATIONAL SCHOOL OR COMPLETED APPRENTICESHIP INCLUDE THAT ALSO.

| SCHOOLS ATTENDED     | TYPE       | COURSE OF STUDY OR MAJOR | DEGREES, DIPLOMAS OR CERTIFICATES | DATE |      |
|----------------------|------------|--------------------------|-----------------------------------|------|------|
|                      |            |                          |                                   | FROM | TO   |
| Primary School       | Elementary |                          |                                   | 1930 | 1934 |
| High School          |            | Leaving Certif.          |                                   | 1934 | 1942 |
| College of Economics |            |                          | Diploma (M)                       | 1946 | 1950 |
|                      |            |                          | Dr. of Econ., University Lecturer |      |      |

## 15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION

Lecturer and Assistant

PRESENT EMPLOYER'S NAME AND ADDRESS

College of Economics, Franz Kleingasse 1, Vienna 19.,  
AustriaDATE EMPLOYED  
FROM 1952

TO PRESENT TIME

APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION  
(Number of employees or volume of business)KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk Marketing,  
Cotton Textile Mfg., etc.)

University College

DESCRIPTION OF YOUR DUTIES

MACHINES OPERATED (if applicable)

NUMBER AND KIND OF EMPLOYEES YOU SUPERVISE,  
IF ANYBesides of teaching lecturing in seminars for managers, high school teachers,  
foremen, etc., and consultant activities(B) DO YOU EXPECT TO RETURN TO THIS SAME POSITION?  YES  NO IF NOT, HOW IS THE PROGRAM RELATED TO YOUR STUDIES AND FUTURE PLANS?

(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION

DATES EMPLOYED

FROM 1955 TO 1958

Member of General Secretariate

PREVIOUS EMPLOYER'S NAME AND ADDRESS

APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION  
(Number of employees or volume of business)

OECC, 2 Rue Andre Pascal, Paris 16, France

KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk Marketing,  
Cotton Textile Mfg., etc.)

MACHINES OPERATED (if applicable)

NUMBER AND KIND OF EMPLOYEES YOU SUPERVISE,  
IF ANY

International Organization

DESCRIPTION OF YOUR DUTIES

| 16. LANGUAGE PROFICIENCY | READING   |      |      | SPEAKING  |      |      | UNDERSTANDING |      |      |
|--------------------------|-----------|------|------|-----------|------|------|---------------|------|------|
|                          | EXCELLENT | GOOD | FAIR | EXCELLENT | GOOD | FAIR | EXCELLENT     | GOOD | FAIR |
| ENGLISH                  | X         |      |      | X         |      |      | X             |      |      |
| OTHER                    | X         |      |      | X         |      |      | X             |      |      |
| French                   |           |      |      |           |      |      |               |      |      |
| Hungarian                | X         |      |      | X         |      |      | X             |      |      |

BEFORE SIGNING THIS FORM CHECK BACK OVER IT TO MAKE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS CORRECTLY.

I CERTIFY that I have reviewed the statements made in this application and that they are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further agree that if I am accepted under this program, I will follow diligently the program arranged as requested by my government and will not seek extension of the period of my program. I further agree that upon completion of my training, I will return to my country without delay and will endeavor to utilize, for the benefit of my country, the training acquired under this program.

Do. Dr. Karl Herczeg

SIGNATURE OF PARTICIPANT

January 20, 1959

DATE

LANGUAGE CERTIFICATION: I CONCUR IN ITEM 16 ENTRIES FOR ENGLISH  YES  NO. IF "NO", EXPLAIN:

Not applicable - team will be accompanied by interpreter

OFFICIAL TITLE Industrial

SIGNATURE OF OFFICIAL

DATE

Program Assistant

H. Louise Ramey

March 13, 1959

ICA-13-91 (7-58)

USOM FORWARD TO ICA/W